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|  **ME/CFS Advocacy Day Travel Award Application**  | Date Submitted:Date Registered for ME/CFS Advocacy Day: |
| NAME: | Current Occupation: |
| Your Relationship to ME/CFS:MAILING ADDRESS(Street, city, state, postal code, country): | Person or organization representing (if any):MAILING ADDRESS(Street, city, state, postal code, country): |
| Your members of Congress: Senator: Senator: Representative:Please describe any previous contact or advocacy: | Members of Congress for the person or organization representing: Senator: Senator: Representative:Please describe any previous contact or advocacy: |
| DATES OF PROPOSED TRAVEL (MM/DD/YYYY)From: Through: | PROPOSED TOTAL BUDGET:(Attach budget details to application) Travel Award Amount Requested:  |
| SEND CHECKS TO THE ATTENTION OF:Name:Title:Address:Tel: Email: |
| APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I affirm that without this award it would be too difficult if not impossible for me to participate in ME/CFS Advocacy Day on May 15th in Washington DC. | SIGNATURE OF APPLICANT (IN ink. “Per” signature not acceptable) DATE:  |

Briefly, outline your qualifications for this travel award. How will you help advocate for ME/CFS?

Briefly, tell us your ME/CFS story.